

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.5em; font-family: cursive;">10/613091</div>	FILING DATE			
							APPLICANT(S)				
CLAIMS											
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
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TOTAL IND.		↓		↓		↓		TOTAL IND.		↓	
TOTAL DEP.		↓		↓		↓		TOTAL DEP.		↓	
TOTAL CLAIMS		8						TOTAL CLAIMS			